

Aviation Medical Examiner Assisted Special Issuance (AASI) Certificate Issuance (Updated 01/25/2023)

I have reviewed the enclosed medical report(s) and have determined that the report(s) is in accordance with this applicant's Authorization for Special Issuance of a Medical Certificate and the AASI Protocol established for certificate issuance.

I have issued a _____-class medical certificate to the airman named below with all other limitations listed on the original certificate. The certificate issued is timed limited by the restriction "NOT VALID FOR ANY CLASS AFTER _____"

Date

Check all that apply:

☐ Interim certificate issued for disease(s)/condition(s) below – No examination performed.

AASI CONDITION	AASI CONDITION	AASI CONDITION
Arthritis	Colitis (Ulcerative or Crohn's) or Irritable Bowel Syndrome (IBS)	Mitral and Aortic Insufficiency
Asthma	Colon Cancer/ Colorectal Cancer	Neurofibromatosis Type 1 (NF1)
Atrial Fibrillation	Diabetes Mellitus – Type II Medication Controlled	Paroxysmal Atrial Tachycardia (PAT)
Bladder Cancer	Glaucoma	Prostate Cancer
Breast Cancer	Hepatitis C	Renal Calculi
Cardiac – Single Valve Replacement or Repair	Hypertension (HTN)	Renal Cancer
Cerebrovascular Disease (CVA/Stroke/TIA)	Hyperthyroidism	Sleep Apnea/Obstructive Sleep Apnea (OSA)
Coronary Heart Disease (CHD)	Hypothyroidism	Testicular Cancer
Chronic Kidney Disease (CKD)	Lymphoma and Hodgkins	Thrombocytopenia
Chronic Lymphocytic Leukemia (CLL)	Melanoma	Warfarin (Coumadin) Therapy for Venous Thromboembolism - Deep Venous Thrombosis, Pulmonary Embolism, and/ or Hypercoagulopathies
Chronic Obstructive Pulmonary (COPD)	Migraine Headaches	
AASI CONDITION		

☐ Certificate issued - New application and examination performed.

AIRMAN INFORMATION:

Name:

PI:

DOB:

AVIATION MEDICAL EXAMINER (AME) INFORMATION:

AME Name (Print):

AME Number:

AME Signature:

Date: